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**REVOCATION OF POWER OF
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| | |
|------------------------|----------------------|
| Application Number | 10/635,504 |
| Filing Date | 8/7/2003 |
| First Named Inventor | D. Purcell |
| Art Unit | 1743 |
| Examiner Name | WALLENHORST, MAUREEN |
| Attorney Docket Number | MSE-2675 |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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☒ I hereby appoint the practitioners associated with the Customer Number:

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

//please see attached master signature page for Laura Mezey//

Name

Laura Mezey, Vice President & Asst. General Counsel of Bayer HealthCare LLC

Date

October 30, 2007

Telephone

(914)366-1800

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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